Patient Demographics

Patient Name	Sex	DOB	Address	Phone
Shockley, Jonathan D	Male	9/27/1978	1000 SUTTER ST RM 123 SAN FRANCISCO CA 94109	415-673-2511 (Home) 415-312-4029 (Mobile) *Preferred*

Visit Information

Date & Time	Provider	Department	Encounter #
8/18/2020 9:30 AM	Jenkins, Juliet Alexa Liberty, MD	Neurology 1100 VAN NESS	1043235270

Procedures

Jonathan D Shockley (MR# 51861952)

Procedures Info

Author	Note Status	Last Update User	Last Update Date/Time
Jenkins, Juliet Alexa Liberty, MD	Signed	Jenkins, Juliet Alexa Liberty, MD	8/18/2020 11:41 AM

Assoc. Orders
None

Procedures

Liberty Jenkins, MD
1100 Van Ness Ave,
San Francisco, CA 94109
Phone: 415-600-3604
Fax: 415-673-5184
Email: jenkinlj@sutterhealth.org

Neurography & Electromyography Report

Full Name:	Jonathan Shockley	**Gender:**	male
Patient ID:	51861952	**Date of Birth:**	9.27.1978
Visit Date:	8.18.2020		
Age:	41		
Examining Physician:	Liberty Jenkins		
Referring Physician:	Frank Valone		

Clinical Details: 41 yo with a history of right shoulder and arm burning pain following intense massage. Brief neurological examination demonstrates normal strength, sensation and reflexes. Previous NCS/EMG showed mild bilateral ulnar neuropathies without evidence of

radiculopathy. Referred for NCS/EMG upper extremities but patient requested localised testing predominantly of C5/6 myotome to supplement prior studies.

Interpretation: The nerve conduction studies are abnormal.

1. The right ulnar compound motor action potentials (CMAPs) are normal amplitude.
2. The right axillary compound motor action potential (CMAP) is normal.
3. The left axillary compound motor action potential (CMAP) is normal.
4. The right ulnar digital and palmar sensory nerve action potentials (SNAP) are normal amplitude but are mildly slowed.

Needle electromyography (EMG) of select muscles of the right upper extremity, as documented in the table, demonstrated no abnormal spontaneous activity or evidence of chronic denervation, reinnervation or other abnormalities.

Conclusion: The neurodiagnostic studies are abnormal. There is a demyelinating ulnar neuropathy at the elbow. This is comparable in severity to that identified in February 2020, possibly a little improved.

There is no evidence of a C5/6 radiculopathy or a lesion of the axillary, musculocutaneous or suprascapular nerves. A lesion proximal to the dorsal root ganglion cannot be excluded on these studies.

Liberty Jenkins, MD
Neuromuscular Physician

Routing History

Routing History Report